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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90021 001 \*\*\*980.00

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001410**

1. Corporation Name

**SUNRISE COMMUNITY PROMOTIONS, INC.**

Principal Place of Business

9040 SUNSET DRIVE  
 MIAMI FL 33173

Mailing Address

9040 SUNSET DRIVE  
 MIAMI FL 33173



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 c/o Leslie W. Leech, Jr.

Suite, Apt. #, etc.

27 9040 Sunset Drive

City & State

28 Miami FL

29 Zip

30 Country

USA

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

65-0662341

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEECH, LESLIE W JR  
 9040 SUNSET DRIVE  
 SUITE 70A  
 MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **GREENBERG, BARNETT**  
 STREET ADDRESS **7761 SW 176TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  DELETE  
 NAME **TUCKER, GERALDINE**  
 STREET ADDRESS **8100 SW 133RD CT**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D**  DELETE  
 NAME **MCCARTHY, RICHARD H**  
 STREET ADDRESS **5041 SW 94TH CT**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **P**  DELETE  
 NAME **LEECH, LES JR**  
 STREET ADDRESS **9040 SUNSET DRIVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **ST**  DELETE  
 NAME **HART, MICHAEL J**  
 STREET ADDRESS **9040 SUNSET DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Handwritten Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie W. Leech, Jr. 1/22/99 305-596-9040

Date

Daytime Phone #

CR2E037 (1/198)